

State of Mississippi
County of Lauderdale

AFFIDAVIT

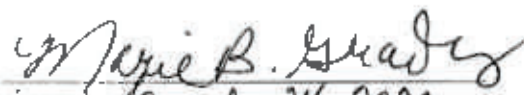
Personally came and appeared before me, a Notary Public, in and for the aforesaid State and County, Tina Bolden, Coordinator for the Administrative Remedy Program, at the East Mississippi Correctional Facility, who by me first duly sworn under oath as follows:

1. That I am an adult citizen of the State of Mississippi, County of Lauderdale.
2. That I am a custodian for the Administrative Remedy Program at the East Mississippi Correctional Facility (EMCF).
3. That Offender Karlo L. Lane, #K6178, did file a grievance (EMCF-19-1395) through the Administrative Remedy Program requesting monetary compensation for "alleged" mental health neglect.
4. That ARP EMCF-19-1395 was rejected due to the following reason: Beyond the power of the Administrative Remedy Program to grant the relief requested.
5. That Offender Karlo L. Lane, #K6178, signed for his notification of rejection on December 6th of 2019.


Tina Bolden, ARP Coordinator

SWORN AND SUBSCRIBED before me, this the 3rd day of February 2020.

NOTARY PUBLIC
My Commission Expires:


Sept 24, 2020



50
203
CODE: 199

ARP-1

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

EMCF-19-1395

First Step Respondent: N/A
Location: EMCF

REJECTED

Offenders' Name and No: Carlos Lane #K6178
Unit: EMCF

Date of Incident:

OT-36

☐ **ACCEPTED:** This request comes to you from the Administrative Remedy Program Director. See the attached request from the offender. Please return your response to this office within 30 days of this date.

☒ **REJECTED:** Your request has been rejected for the following reason(s):

- ☐ Relief is beyond the power of the Mississippi Department of Corrections to grant.
- ☐ The complaint concerns an action not yet taken or a decision which has not yet been made.
- ☐ There has been a time lapse of more the fifteen (15) days between the RVR and the initial request: Incident happened on; received in this office on;
- ☐ There has been a time lapse of more the thirty (30) days between the event and the initial request: Incident happened on; received in this office on;
- ☐ The Mississippi Department of Corrections does not handle Parole Board matters.
- ☒ Other: Beyond the power of ARP grant


Director of Administrative Remedy Program

12/5/19
Date

CODE: 199

ARP-1

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

EMCF-19-

First Step Respondent: **N/A**
Location: **EMCF**

REJECTED

Offenders' Name and No: **Carlos Lane #K6178**
Unit: **EMCF**

Date of incident:

OT-36

☐ **ACCEPTED:** This request comes to you from the Administrative Remedy Program Director. See the attached request from the offender. **Please return your response to this office within 30 days of this date.**

☒ **REJECTED:** Your request has been rejected for the following reason(s):

☐ Relief is beyond the power of the Mississippi Department of Corrections to grant.

☐ The complaint concerns an action not yet taken or a decision which has not yet been made.

☐ There has been a time lapse of more the fifteen (15) days between the RVR and the initial request: Incident happened on; received in this office on;

☐ There has been a time lapse of more the thirty (30) days between the event and the initial request: Incident happened on; received in this office on;

☐ The Mississippi Department of Corrections does not handle Parole Board matters.

☒ Other: Beyond the power of ARP grant

Director of Administrative Remedy Program

Date

REJECTED

MISSISSIPPI DEPARTMENT OF CORRECTIONS

ARP SCREENING FORM

Name: Carlos Lane MDOC NO. KU178 UNIT 5C
DATE: 11/4/19 DATE OF INCIDENT: _____
CODE: 199 ACCEPTED: _____ REJECTED: 1

FIRST STEP RESPOND: DT 36 N/A

SUMMARY OF COMPLAINT: Inmate is requesting money
for mental health neglect.

COMMENTS: _____

East Mississippi Correctional Facility

REJECTED



ARP

THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY

CARLOS LANE
Inmate Name

K6178
MDOC#

5-C-203
Housing Unit

Date of Incident: 9-22-19
Time of Incident: 10 A.M. - to 4 PM
Place of Incident: 5-C
Alleged complaint: Took off med in Feb up and going on still now
I told to MENTAL SEVAL time About why you'll want
GIVE ME MY MED BACK, He told me he put me in the list to
See the doctor, Now Nurse DUDN came and talk
to ask how I feel, and all that. I told her I been hearing
voice, seeing shit, but fight I don't want kill myself
now, it weeks later, and still no med I been off since
Feb, I took med since 2005, that help a lot, now
I'm (fck) I file a ARP about this back in
July but no response so I doing it again let you know
what up
Relief Requested: I want \$ \$ for MENTAL HEALTH Neglection
Do to not Aid me with MEDS for my mental
HEALTH issues

Carlos Lane
Inmate Signature

10-5-19
Today's Date



INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP # 900CE - 19 - 1395

Date: 12/16/19

Received By: CARL ZONE K6178

MDOC #

Witness: J Borden ARP Coordinator
TITLE

_____ Form ARP-1 — Offender's relief form

_____ Form ARP-2 — 1st step response

_____ Form ARP-3 — 2nd step response

_____ 5-Day extension

_____ Step 2 denial

☒ Rejected

_____ Letter #

_____ Other

1st page of this receipt is to be returned to the Administrative Remedy
Program Director to become part of inmate's ARP file

WHITE ORIGINAL - ADMINISTRATIVE REMEDY PROGRAM DIRECTOR